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Bib Data Sheet

CONFIRMATION NO. 5658

|   |   |                                   |   |  |
|---|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/596,876  | <b>FILING DATE</b><br>06/19/2000<br><b>RULE</b>   | <b>CLASS</b><br>216               | <b>GROUP ART UNIT</b><br>1746   | <b>ATTORNEY DOCKET NO.</b><br>SIMN:004 |
| <b>APPLICANTS</b><br>Stephane Menard, Kirkland, CANADA;<br>Jean-Claude Villeneuve, Boisbriand, CANADA;<br>Normand Lassonde, Pincourt, CANADA;<br>Micheal Decarie, Verdun, CANADA;<br><i>No, A.C.</i><br><b>** CONTINUING DATA **</b><br><i>No, A.C.</i><br><b>** FOREIGN APPLICATIONS **</b>                                      |   |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 08/09/2000</b>  |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>26              |
|   |   |                                   | <b>INDEPENDENT CLAIMS</b><br>3  |  |
| <b>ADDRESS</b><br>Howrey Simon Arnold & White LLP<br>750 Bering Drive<br>Houston, TX 77210-2198   |   |                                   |   |  |
| <b>TITLE</b><br>Bistable switch with shape memory metal   |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>474   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |